

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1934

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

36105

1. PLACE OF DEATH

County Douglas
Township Campbell
City Rome (No.)

Registration District No. 974
Primary Registration District No. 5387

File No.
Registered No. 1
St. Ward)

2. FULL NAME

(a) Residence, No. Rome St. Ward.
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Synthia Jane Filbeck</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 14 1848</u>		
7. AGE YEARS <u>84</u>	MONTHS <u>4</u>	DAYS <u>20</u>
If LESS than 1 day, hrs. or min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		
11. Total time (years) spent in this occupation		

OCCUPATION

FATHER

MOTHER

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>
13. NAME <u>George Filbeck</u>
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>
15. MAIDEN NAME <u>Mancie Clayton</u>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u> <u>Taney Co</u>
17. INFORMANT (ADDRESS) <u>Mrs Chas. Duckard</u> <u>Rome, Mo.</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Bethel yard</u> DATE <u>Nov 8/1934</u>
19. UNDERTAKER (ADDRESS) <u>Neighbors Rome</u>
20. FILED <u>Dec 7 1933</u> <u>Dora Mendel</u> Registrar.

1 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 10 1932

22. I HEREBY CERTIFY, That I attended deceased from, 19....., to, 19.....

I last saw h..... alive on, 19..... Death is said to have occurred on the date stated above, at.....m.

The principal cause of death and related causes of importance were as follows:
old age
162
162

Other contributory causes of importance:

Date of onset

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) J. E. Ellis M. D.
(Address)

